

# My Action Plan for Breastfeeding



Name: \_\_\_\_\_

Check the box for each step you are doing now to prepare for breastfeeding. Check the boxes for the steps you plan to take. Write down other ways you plan to prepare for breastfeeding.

Things that I can do to get ready for breastfeeding	Am Doing	Steps I Will Take
● Learn more about breastfeeding by asking questions, attending classes, and reading. Ask my local WIC agency, medical provider, or clinic staff for more information and help.	<input type="checkbox"/>	<input type="checkbox"/>
● Attend a breastfeeding support group at WIC or La Leche League to talk to moms who have breastfeeding experience.	<input type="checkbox"/>	<input type="checkbox"/>
● Talk to my family, husband/partner, friends, and my work or school about my plans to breastfeed my baby.	<input type="checkbox"/>	<input type="checkbox"/>
● Fill out a birth plan and give it to my doctor. Ask your case manager for a copy of <i>My Birth Plan</i> .	<input type="checkbox"/>	<input type="checkbox"/>
● Ask that my baby stay in my room after I give birth.	<input type="checkbox"/>	<input type="checkbox"/>
● Start breastfeeding in the first hour after delivery.	<input type="checkbox"/>	<input type="checkbox"/>
● Avoid pacifier use for the first month.	<input type="checkbox"/>	<input type="checkbox"/>
● Complete and save <i>My Breastfeeding Resources</i> .	<input type="checkbox"/>	<input type="checkbox"/>
● If I have trouble breastfeeding, I will ask for help instead of giving my baby formula.	<input type="checkbox"/>	<input type="checkbox"/>
● Give my baby only breast milk for the first six months and try to breastfeed for at least a whole year. If I need to be away from my baby, I can pump breast milk.	<input type="checkbox"/>	<input type="checkbox"/>
● Other ideas to help me breastfeed my baby:		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_